

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00490375	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>	

Full Name of Payee <b>Autumn Press</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>03 / 04 / 2016</b>	
Mailing Address <b>945 Camelia St</b>		Amount <b>570.83</b>	
City <b>Berkeley</b>	State <b>CA</b>	Zip Code <b>94710-1437</b>	Transaction ID : <b>D710635</b>
Purpose of Expenditure <b>Printing</b>	Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>03 / 04 / 2016</b>	
Name of Federal Candidate <b>BERNARD SANDERS</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: <b>00</b> State: <b>FL</b>	
Calendar Year-To-Date Per Election for Office Sought <b>570.83</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>California Nurses Association</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>03 / 03 / 2016</b>	
Mailing Address <b>155 Grand Avenue</b>		Amount <b>30.00</b>	
City <b>Oakland</b>	State <b>CA</b>	Zip Code <b>94612</b>	Transaction ID : <b>D710633</b>
Purpose of Expenditure <b>Online Ad</b>	Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>03 / 04 / 2016</b>	
Name of Federal Candidate <b>Bernie Sanders</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: <b>00</b> State: <b>OR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>30.00</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>600.83</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Martha Kuhl

[Electronically Filed]

Date

 M M M / D D D / Y Y Y Y Y Y  
**03 / 05 / 2016**

Signature